

Alternatives to Abortion Invoice

Contract #	<u>CS170042003</u>	Vendor Name:	<u>Faith Maternity Care</u>
Vendor Number:	<u>13421808001/MB00099548</u>	Vendor Address:	<u>1900 Lake Dr</u>
			<u>Fulton, MO 65251</u>

Bill To: Office of Administration
Commissioner's Office
201 W. Capitol Ave, Room 125
Jefferson City, MO 65101

Invoice Number: _____
Invoice Date: _____
Service Period: _____

<u>Total Contracted Allocation</u>	<u>Prior Invoiced Total</u>	<u>June Award Amount</u>
\$ 45,029.17	\$ 31,304.83	\$ 13,724.34
Quarterly expenditure adjustment:		\$ -
Total Due:		\$ 13,724.34
Allocation Remaining		\$ -

Signature: _____

